

**Request for
Certificate of Eligibles**

STATE OF LOUISIANA

SF 2 (3/02)

DEPARTMENT OF STATE CIVIL SERVICE

Please issue a certificate of eligibles to the agency below, in accordance with the provisions of the Civil Service Rules, to fill vacant positions under the following terms and conditions:

To:

State of Louisiana
DEPARTMENT OF STATE CIVIL SERVICE
P. O. Box 94111, Capitol Station
Baton Rouge, LA 70804-9111

CHECK DEPT PREFERRED REEMPLOYMENT LISTS

DATE:
ORGANIZATION ID:
REQUISITION NO. (6 digits)
ISIS Personnel Area Code:
LOCATION OF VACANCIES (City and Parish):
JOB CODE AND TITLE:
GS LEVEL:
NUMBER OF VACANCIES:
POSITION NUMBER(S):

APPOINTMENT TYPE ☐ Probational
☐ Job, not to exceed ____ months
☐ Promotional

If Promotion, Promotional Zone requested: _____

FOR CIVIL SERVICE USE ONLY- SF2 TRACKING

Org ID: _____ Req # _____

Date

Action

____ 01 - To Certification Supervisor
____ 02 - To Assessment Units
____ 04 - To Certification Pending Announcement
____ 06 - To Certification for certificate issue
____ 07 - Certificate issued # _____
____ 08 - Request cancelled
____ 09 - Returned to agency for correction

Cert initials: _____ Notes: _____

Existing Register Information

Series/Card: _____ No existing register: _____

____ - CTS ____ - STE* ____ - ANN* ____ - OTH*

Is there a Dept. Preferred Reemployment List? Y N

JS Posting Info: A U Cons: _____

SPECIAL REQUIREMENTS AND JUSTIFICATION

**ORG. ID – CONTACT PERSON – MAILING ADDRESS
EMAIL ADDRESS:**

REQUESTING OFFICER:

TELEPHONE –

TITLE OF REQUESTING OFFICER:

SIGNATURE OF REQUESTING OFFICER: